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APPLICANTS

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\*\* CONTINUING DATA *yes e's* \*\*\*\*\*  
 This appln claims benefit of 60/239,811 10/12/2000  
 and is a CIP of 09/689,367 10/12/2000 PAT 6,732,323

\*\* FOREIGN APPLICATIONS *none e's* \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 07/05/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>2/3</i> Examiner's Signature Initials	STATE OR COUNTRY CA	SHEETS DRAWING 9	TOTAL CLAIMS 55	INDEPENDENT CLAIMS 16
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ADDRESS  
 22470  
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TITLE  
 Performance evaluation of multicarrier channels with forward error correction and automatic retransmission request

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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